

**FOSTER CARE COURT IMPROVEMENT PROJECT
TPR/PERMANENCY GRANT APPLICATION**

Fiscal Year 2008

I. Program Name & Contact Information

Identify the individual responsible for administering the grant funds and submitting the expenditure reports. Please include address, phone, facsimile, email information and the program's federal tax identification number.

II. Program Goal

Identify and articulate a statement to summarize the goal of the program.

III. Program Summary

Identify and articulate a description of the program for which you are requesting funds. Please include a detailed management plan and project staff, measurable objectives, tasks, and timeline.

IV. Statement of Need

Demonstrate the need for the program for which you are applying based upon data available regarding the population served. Please submit a detailed budget outline of how the funds will be utilized.

V. Outcomes

Identify the specific outcome(s) that will be obtained over the grant period. Along with global outcomes for the program, please identify any specific products that will be produced.

VI. Community Collaborations

Please describe, in detail, what collaborations within the community the program will participate in (example: community education to the public, etc.).

VII. Resources to support the program

Please identify all resources that are currently supporting the program and/or any funding sources that will be sought to partially support the program in the future.